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ABSTRACT

In an effort to help community colleges develop and implement programs that promote community health, the American Association of Community Colleges (AACC) held a teleconference in April 1996 focusing on service learning and HIV/AIDS prevention. This two-part document provides the teleconference program and a transcript of remarks made during the event. The program includes the following materials: (1) a welcome letter from the AACC President; (2) instructions for participating in the teleconference; (3) pre- and post-teleconference assessment forms; (4) an article on the community college's role in promoting health care; (5) 1995 statistics on HIV infection and AIDS cases in the United States and worldwide; (6) a description of service learning and its essential components; (7) a discussion of the AACC's Bridges to Health Communities project; (8) profiles of teleconference participants; (9) a list of Internet resources on HIV/AIDS and service learning; and (10) descriptions of suggested post-teleconference group activities. The second part provides a transcript of the teleconference, including discussions of such topics as the role of community colleges in providing leadership to help halt the spread of AIDS, the behavioral foundations of health, model community college programs aimed at HIV/AIDS prevention, and the role of service learning in such programs. (TGI)

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ED 394 613

TELECONFERENCE PROGRAM GUIDE

Service Learning: A Community Strategy for HIV Prevention

April 30, 1996

Test: 3:30–4:00 ET • Program: 4:00–5:00 ET

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A Teleconference of the Community College Satellite Network

LEARN AND SERVE AMERICA

BRIDGES TO HEALTHY COMMUNITIES
American Association of Community Colleges

JC 960 350

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Satellite Coordinates

Ku-band	C-band
SBS 6	Telestar 401
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Horizontal Polarity	Horizontal Polarity
Downlink Frequency 12120	Downlink Frequency 4020

For technical assistance, call 703/323-3377.

AACC

AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

April 30, 1996

Dear Colleague:

Welcome to the AACC/Community College Satellite Network teleconference. *Service Learning: A Community Strategy for HIV Prevention.* HIV/AIDS is not a pleasant subject for many people, but it is one we can no longer ignore. AIDS is now the leading cause of death among *all* Americans aged 25 to 44. More alarming, according to the Centers for Disease Control and Prevention (CDC), two of the six leading causes of mortality and morbidity in the United States for persons aged 10 to 24 are sexual behaviors and alcohol/other drug use—behaviors that are directly related to the transmission of HIV.

What can community colleges do to slow the spread of HIV? We can educate teenagers, their parents, and their parents' parents, all of whom could get AIDS and some of whom are already living with AIDS. We can be a convener of community organizations that are also engaged in HIV-prevention activities. We can be "change agents" through our campus policies, special programs, and curricula.

This teleconference marks the beginning of a five-year cooperative agreement between AACC and CDC. The goal for our *Bridges to Healthy Communities* project is to help community colleges develop and implement programs and services that will address this serious national health issue.

In this teleconference you will receive an AIDS update and learn about what other community colleges are doing, particularly with service learning and HIV prevention. You will be able to address questions to our panel, and you also will learn how to become part of the AACC project. We hope this is the start of an ongoing conversation on your campus about how best to promote the health of our communities, prevent the spread of HIV infection, and more fully respect and care for those who are already HIV-infected.

Sincerely,

Dave Pierce

David Pierce, President

One Dupont Circle, NW, Suite 410 Washington, DC 20036 (202) 728-0200 FAX (202) 833-2467

Before the Teleconference

- Complete the pre-assessment form on page 3 of this program guide.
- From 3:30–4:00 ET, CCSN will air public service announcements produced by the Centers for Disease Control and Prevention. These 15-, 30-, and 60-second videos of youth deal with HIV issues in both English and Spanish. Additional information about the *Bridges* project and AACC's Service Learning Clearinghouse will also be aired. Feel free to record and reuse them.

During the Teleconference

To call in a question, use 800/777-2224.

To fax a question, use 703/323-3518.

Your call will be answered by staff who will ask for your name, site location, telephone number, and question. When you are placed on hold, you will be able to hear the teleconference through the telephone. When you are asked to speak, concentrate on and be guided by what is happening on the telephone, as there will be a time delay between what is spoken and what you will hear on the audio speaker at your site. To minimize feedback, locate your telephone away from the audio speaker at your site.

Calls will be put on the air "live." When prompted by the program host, state your question clearly and succintly. Be aware that while you are asking your question and while it is being answered, you will be "on the air." Please remain on the line until your call has been disconnected.

After the Teleconference

- Complete the post-assessment questionnaire and return it to your site coordinator or fax it to AACC at 202/833-2467.
- Participate in special activities described on page 11.

Pre-Teleconference Assessment

We would like to see your level of understanding of HIV/AIDS and service learning *before* you view this teleconference. Complete by circling the appropriate number:

Please fold this page in half, complete the side that has the pre-teleconference assessment, and turn it over. At the end of the teleconference, complete the post-teleconference assessment (without looking at your earlier answers) and return it to your site coordinator. Thanks!

	low	somewhat low	medium	somewhat high	high
1. My understanding of service learning is . . .	1	2	3	4	5
2. My understanding of HIV/AIDS is . . .	1	2	3	4	5
3. My understanding of general health issues is . . .	1	2	3	4	5
4. My knowledge concerning the role community colleges can play in HIV prevention is . . .	1	2	3	4	5
5. My intent to change my behaviors that may lead to HIV infection is . . .	1	2	3	4	5
6. My belief that HIV is a serious public health problem is . . .	1	2	3	4	5

Fold here

Post-Teleconference Assessment

NOTE: Return this page to the site coordinator or fax to Nan Ottenritter, AACC: 202/833-2467.

We would like to see your level of understanding of HIV/AIDS and service learning *after* you view this teleconference. Complete by circling the appropriate number:

	low	somewhat low	medium	somewhat high	high
1. My understanding of service learning is . . .	1	2	3	4	5
2. My understanding of HIV/AIDS is . . .	1	2	3	4	5
3. My understanding of general health issues is . . .	1	2	3	4	5
4. My knowledge concerning the role community colleges can play in HIV prevention is . . .	1	2	3	4	5
5. My intent to change my behaviors that may lead to HIV infection is . . .	1	2	3	4	5
6. My belief that HIV is a serious public health problem is . . .	1	2	3	4	5

Health and the Community College: *What's the Big Idea?*

by Charles Deutsch, Sc.D., Harvard School of Public Health

When most Americans hear the word "health," they think of doctors, hospitals, and insurance programs like Medicaid. Health insurance and access to care is rightfully a major national issue, but it's not all, or even most, of what we mean by "health." There's a big difference between the medical care people need when they're ill, and the conditions and behaviors that make them less likely to become ill in the first place, more likely to seek timely help when they need it, and more able to recover once they do.

The improvement in health status in the past thirty years is due more to the things people do for themselves than to things medical professionals do to them with high technology and expert training. And the widening health gap between the haves and have nots is due less to differential access to medical treatment, than to differences in the practices promoted or discouraged by their environment.

According to the Centers for Disease Control and Prevention, among Americans under 24 years of age, four causes account for almost 70% of deaths: motor vehicle crashes, other unintentional injuries, homicide, and suicide. These causes are preventable and related to a few behaviors, especially alcohol and drug abuse, failing to use seat belts and motorcycle helmets, and having firearms and other weapons. Among all age groups combined, three causes—heart disease, cancer, and stroke - account for nearly 70% of all mortality and a large amount of morbidity and expense. These conditions are also preventable and are substantially due to a few behaviors, especially tobacco use, excessive consumption of dietary fat and calories, and insufficient physical activity. Through unsafe sexual practices, each year about three million young people are afflicted with sexually transmitted diseases, and an undetermined number are infected with HIV. Thus, a handful of behaviors cause the major health problems that face the nation. These behaviors usually are established during youth, are interrelated, persist into adulthood, contribute simultaneously to poor health, education, and social outcomes, and are preventable.

Unlike medical care, health is not primarily individual and physical. Especially for young people, health is largely behavioral, and that means it has important emotional, mental, moral, and spiritual dimensions. For the same reasons, it is profoundly social and depends on cultures and environments far more than on "lifestyle choices." People are not equally free to make healthy choices, and for many people healthy choices are not as available or attractive as unhealthy ones.

Health has much in common with learning. Who is primarily responsible for making learning happen, the teacher or the learner? For the most part, we accept responsibility for creating conditions that maximize learning opportunities for the particular students we serve. We have to understand health in a similar way. We can't sit back and blame young people who know about AIDS but fail to use condoms, saying, "They had the information; the rest is up to them." Once we know that for large percentages of people information is not enough, we can't continue to say, "It should be!" Instead, we use education policy and technology—as we did to increase seat belt use or decrease smoking—to create a culture that increases the likelihood of healthy behavior.

Community colleges should care about health for several reasons. People don't learn well if they're not healthy. The success of the institution's academic mission depends not only on the instruction it provides, but on the climate it creates—and its climate is about how students live, not simply how they do schoolwork. People of all ages need to learn how to engage in the process of good health, not just for themselves, but for partners, children, family members, and neighbors. College is often the last chance to help people become effective agents of health. What's more, when it is broadly defined, health is an interesting theme through which to learn and practice skills useful in all sorts of careers.

So what's the Big Idea? If your college is about learning, then it's also about health. What is it doing to create an environment that encourages healthy practices among its own students? Does your college hold itself accountable for accomplishing measurable objectives that will improve the health of its community? We teach young people that they are responsible for their actions and, equally, for their inaction. The same is true for the institutions that teach them.

AIDS: Facts and Figures

United States (CDC. November 1995)

501,301 AIDS cases reported
311,381 AIDS deaths reported

HIV infection now occurs in:

- 1 in 250 Americans
- 1 in 92 American men
- 1 in 33 African-American men.

In 1994, 40,000 - 50,000 Americans became infected with HIV: of those, 50% were aged 25 or younger and 25% were 20 or younger.

In a May 1994 poll, 54% of American children surveyed said they think they might get AIDS.

Worldwide (World Health Organization, March 1995)

1.02 million adult AIDS cases reported
4.5 million adult AIDS cases estimated

AIDS is the fastest-spreading epidemic.

HIV infection now occurs in

- 13-15 million adults
- 1.5 million children as of 1995
- 6,000 new infections each day, including 3,000 women

Women are the fastest-growing group of new HIV infections: 500 die each day.

By the year 2000, nearly 40 million people will be infected with HIV: 5 million of them will be children.

Source: ***http://www.aidsquilt.org/aidsinfo/***

Service Learning

The service learning instructional methodology integrates community service with academic instruction as it focuses on critical, reflective thinking and civic responsibility. Service learning programs involve students in organized community service that addresses local needs, while developing their academic skills, sense of civic responsibility, and commitment to the community. Service learning is related to but does not include cooperative education, practicum, or internship programs.

Service learning is an effective teaching tool. Both faculty and students benefit, along with community members. Recent studies have shown that adding a community service learning component helps students learn more effectively. Critical reflection is the key element for relating the meaning of their service to course materials.

Service learning can work anywhere—in rural as well as urban areas, in all types of curricula, in large and small colleges. Community colleges in more than 40 states currently offer service learning to their students as a means of enhancing their education, giving them the opportunity to serve in their chosen field of study, and increasing their sense of civic responsibility.

Community colleges are ideal locations for service learning programs because community service is a part of their mission, for example:

- Fire–emergency services and paramedic students develop an HIV/AIDS instructional video and handouts to use to educate middle and high school students
- Students develop a local HIV/AIDS resource guide for county citizens and social services workers
- Students write and produce an AIDS-related theatrical presentation for use in student orientations
- Writing students design, edit, and publish an AIDS anthology
- Speech students write and deliver informational speeches on AIDS to the college community.

Essential Components

Conceptual

- Academic Integrity
- Service That Meets a Need
- Reflection
- Civic Responsibility

Operational

- Faculty Support
- Administration Support
- Student Support
- Community Partnerships
- Service Placement Support
- Evaluation Process
- Public Relations
- Sustainable Funding

I challenge a new generation . . . to a season of service—to act on your idealism by helping troubled children, keeping company with those in need, and reconnecting our torn communities.

—President Bill Clinton, January 1993

BRIDGES TO HEALTHY COMMUNITIES
AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

Project Description

The AACC *Bridges to Healthy Communitites* project will establish a national community college infrastructure to prevent HIV infections and other serious health problems. A key feature of the project is a network of competitively-selected *Bridges* colleges, committed to implementing HIV-prevention service learning programs. Other project components include an information awareness campaign, national advisory panel, mentor team, and national database will all be a part of this project. Grants will be awarded to demonstration colleges that design effective HIV prevention programs.

Research suggests that information alone may not be sufficient to create behavioral changes that prevent HIV infection. Effective programs put HIV/AIDS in the context of related health risk behaviors—especially alcohol and substance abuse, but also sexually transmitted disease (STD) infection and reproductive health.

Comprehensive intervention programs bring together campus and community. They involve individuals, families, schools, and communities.

The *Bridges* project will help community colleges improve student and community health through models of integrated activities. Specific strategies will be left to the creativity and imagination of the colleges, but together they will address:

- Health-related college policies (e.g., alcohol use)
- Curricular infusion
- Peer education
- Staff development
- Information distribution during registration, advising, and counseling
- Co-curricular activities
- Information dissemination, including print and electronic media
- Collaboration with community organizations and public health agencies
- Special events lead by health professionals

Requests for Proposals for the *Bridges* project will be available in May. They will be mailed to the chief executive officers of all community colleges. If you would like to receive an RFP, contact:

Nan Ottenritter
AACC
202-728-0200, ext. 230
or *e-mail:*
nottenritter@aacc.nche.edu

The "personality" and resources of participating colleges will help mold their approaches for integrating activities. The result by the end of the five-year project will be a rich array of approaches geared to the needs of individual colleges and communities.

Successful applicants for the *Bridges* grants will be community colleges that commit to implementing a broad-based HIV-prevention program and agree to work with other community colleges over the next four years.

Teleconference Participants

Moderator
Derek McGinty

Mr. McGinty is the 1994 winner of the Corporation for Public Broadcasting's highest honor, the Gold Award for Public Affairs Programming, as host of "The Derek McGinty Show" on Washington, DC's WAMU-FM.

Panelists

Sourri Baetjer, RN, C.MA
Raritan Valley Community College

Ms. Baetjer is the Coordinator of Health Services at Raritan Valley Community College in Somerville, New Jersey, a public institution with an enrollment of nearly 6,000 students. She is president of the New Jersey College Health Association and a member of several boards of trustees, including the Women's Health and Counseling Center, Mental Health of Somerset County, and the AIDS Network of Hunterdon County. As a volunteer speaker for the Hyacinth Foundation and other groups, she regularly addresses HIV/AIDS issues in corporations, industries, schools, churches, and other colleges. She has been employed at Raritan Valley since 1983. A board-certified college health nurse, Ms. Baetjer holds a master's degree in health education with a concentration in HIV/AIDS.

Charles Deutsch, Sc.D.
Harvard School of Public Health

Dr. Deutsch is Director of the Harvard School Health Project at the Harvard School of Public Health and Senior Program Associate at the Harvard Project on Schooling and Children. He directs a new CDC-funded, Harvard-based national committee to encourage and enable institutions of higher education to become more engaged in improving the health of young people, in the community and on campus. For more than 20 years he has developed nationally acclaimed and widely replicated health education curricula, materials, and training programs. His 1982 book, *Broken Bottles, Broken Dreams: Understanding and Helping Children of Alcoholics*, prepares professionals and nonprofessionals to play gatekeeper roles. For the World Health Organization, he recently developed and implemented *Links*, a blueprint for the planning, implementation, and evaluation of a program in human relations, communication, supervision, and leadership skills for health workers in Africa. Dr. Deutsch's work has consistently focused on the behavioral, mental, emotional, moral, and spiritual dimensions of child and family health, as well as on the relationship between health and learning, and between health education and early intervention.

Clark L. Taylor, PhD, EdD
City College of San Francisco

Dr. Taylor is the AIDS Resource Instructor and Coordinator of the San Francisco Community College District's AIDS Education Office. He designs and coordinates the HIV/STD prevention programs of nine campuses and more than 80,000 students. The students represent tremendous socioeconomic, racial, and cultural diversity as well as a wide range of sexual values and lifestyles. The heart of the district's activities is a peer education training

program, Project SAFE (Sexuality, Attitudes, Facts, and Education), that he helped create. His work emphasizes peer education, volunteerism, and service learning. He has many HIV prevention articles and sex education videos to his credit, and a book, *The Complete Guide to Safer Sex*, is used as a text and training manual. One of his brochures, *Using Condoms*, was cited by the World Health Organization for its usefulness for populations with low reading ability, and has been translated into three languages. Dr. Clark also is a senior faculty member of the Institute for Advanced Study of Human Sexuality, where he directs a state-approved certificate program for training HIV/STD prevention educators and counselors.

Carol Mulling, EdD
Prestonsburg Community College

Dr. Mulling has taught for six years at Prestonsburg Community College in Prestonsburg, Kentucky, where she is an associate professor of psychology and also Director of the Service Learning Center and Cooperative Education. PCC, a small college that serves a large rural community, has adopted service learning as a way for students to address unmet community needs in Appalachia. Dr. Mulling is project director for two *Learn and Serve America* service learning grants, one from the American Association of Community Colleges and one from the University of Kentucky Research Foundation. The PCC initiative, "CONNECTIONS: Empowering Communities in Appalachia," facilitates service opportunities in senior citizen centers, family and youth resource centers, elementary and secondary schools, and other community organizations. Author of a faculty development manual for the University of Kentucky Community College System, *Bridging Community and College: Service Learning as a Powerful Educational Strategy*, Dr. Mulling has presented on service learning at a variety of regional and national meetings. She holds a doctorate in education with specializations in higher education and human development and learning.

Production

Monica Pilkey
Executive Producer

Lynn Barnett
Project Director

Nan Ottenritter
Bridges *Project Coordinator*

Gail Robinson
Service Learning Clearinghouse Coordinator

Charice Morgan
Staff Assistant

With Thanks to

Harvard School of Public Health, MA
Miami-Dade Community College Medical Center, FL
Prestonsburg Community College, KY
Raritan Valley Community College, NJ
City College of San Francisco, CA
Northern Virginia Community College, VA
Chandler-Gilbert Community College, AZ

With Support from

Corporation for National Service, Learn and Serve America: Higher Education
Centers for Disease Control and Prevention, Division of Adolescent and School Health

Internet Resources

American Association of Community Colleges
http://www.aacc.nche.edu/spcproj/spcproj.htm

Centers for Disease Control and Prevention
http://www.cdc.gov

JAMA HIV/AIDS
http://www.ama-assn.org/special/hiv/hivhome.htm

National AIDS Clearinghouse
http://www.cdcnac.org

HIV/AIDS Prevention
http://www.cdc.gov/nchstp/hiv_aids/dhap.htm

Post-Teleconference Group Activities

To make the best use of the teleconference, it is helpful to spend at least half an hour in discussion groups of six to 12 people. Ideally, each group will include administrators, faculty, students, and community members. This will enable you to take the information you have just learned and apply it to your institution.

Activity One — *Trying a Point of View on for Size*

Imagine that as a team of students, faculty, administrators, and community members you see a strong connection between the college's educational mission and the conditions on campus and in the community that affect people's health and behavior. You are trying to explain to others—trustees, your president, other faculty, other students—why and how learning activities might be tied to health activities.

Use examples of important health issues in your college or community to show how getting faculty and students actively engaged in health learning, health research, and health policy would be good for students' education, employability, and quality of life, and might produce measurable health improvements among students or children and youth in the community.

You may also want to articulate the counter-arguments, both to honor all positions and to understand the reasons some may resist this kind of engagement. However, the argument that "We already do this" is not legitimate unless your institution:

- Can document measurable change in health behaviors or outcomes as a result of its work, and
- Will argue that those changes are sufficient.

Activity Two — *Not Just the Facts*

Any kind of behavior—especially behavior that has to do with health—has much more than a cognitive basis. It expresses attitudes we've developed from prior experiences, how we interpreted those experiences, and how they felt to us. Often we learn things as children, or from ideas based on observations, misinterpretations, or the ignorance or silence of adults around us, that we carry around, unexamined within us, and these attitudes and beliefs affect our perceptions and behavior. Teaching people facts about health topics, while ignoring their attitudes, beliefs, and experiences, is like trying to teach them to read music without hearing and feeling it. In this exercise, each person should choose one of the following, or an example of his/her own, to illustrate how a childhood experience, often a seemingly unimportant one, can stay with us. Participants should use personal examples as long as they feel safe to do so; otherwise, they should use examples from friends, literature, or other readings:

- How I learned that it's OK (or not OK) to ask for help with a problem
- My first recognition that someone was "a drunk," and how I understood it then
- The most memorable piece of "mental health advice" or "coping strategy" I remember learning
- The first time I remember seeing and reacting to real-life violence
- My role model (or negative role model) for how I learned to feel about and treat my body.

Teleconference Site Coordinator's Evaluation Form

SERVICE LEARNING: A COMMUNITY STRATEGY FOR HIV PREVENTION

April 30, 1996

College Name: _____

Address: _____

Site Coordinator: _____

Title: _____ Phone: _____ Fax: _____

Downlink/Receive Site: _____ C or Ku Band _____

1. How did you hear about the teleconference?

   _____ Brochure/Mail (CCSN)
   _____ *Community College Times*
   _____ AACC Correspondence
   _____ AACC World Wide Web Home Page
   _____ Other (please specify) _____

2. Does your institution have a satellite dish? _____ Yes _____ No
   If NO, where did you receive this broadcast? _____

3. How often do you downlink? _____

4. What prompted you to schedule this particular program?
   _____ CCSN affiliation ____ Topic ____ Marketability ____ Cost

5. How many people attended the teleconference at your site? _____

6. Did you market the teleconference off-campus? _____ Yes _____ No

(continued on next page)

7. Did your program include local discussion of the teleconference topic either before or after the actual broadcast? _____ Yes _____ No
If YES, please describe briefly:

_____
_____
_____
_____

8. Were you able to participate in the live call-in segment of the program? ____ Yes ____ No

9. Did this teleconference help stimulate interest in health issues at your campus?
____ Yes ____ No

10. Did this teleconference help stimulate interest in service learning at your campus?
____ Yes ____ No

11. Please rate on a scale of 1–5 (5 being highest) the following:

	Program	Presenters	Program Guide
Content	( )	( )	( )
Organization	( )	( )	( )
Presentation	( )	( )	( )
Practical Value	( )	( )	( )

12. What other topics would be of interest to your institution? _____
_____

13. Please list the names of the attendees at today's program (optional).

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Please complete this form by May 10, 1996 and mail to:
Nan Ottenritter
AACC
One Dupont Circle, NW, Suite 410
Washington, DC 20036-1176
Fax: 202/833-2467

To Order Videotape

To order a VHS videotape of "Service Learning: A Community Strategy for HIV Prevention," send this form and a check for $20 (payable to the American Association of Community Colleges) to:

PMDS
9020 Junction Drive
Annapolis Junction, MD 20701

To order by credit card, call 800/250-6557.

Name _____

Institution _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Fax _____

To Receive RFP

To order a Request for Proposal (RFP), fax or mail this completed form to:

American Association of Community Colleges
Attn: Charice Morgan
One Dupont Circle, NW, Suite 410
Washington, DC 20036-1176
Phone: 202/728-0200, ext. 205 Fax: 202/833-2467

Name _____

Institution _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Fax _____

Script - copy #3 (4/24/96)

AACC'S

Service Learning: A Community Strategy for HIV Prevention

1. "Dead air time" possibilities:

   "Respect Yourself, Protect Yourself" CDC PSAs
   RFP announcement info
   AACC home page info

2. Introductions

   a. To the program - AACC logos/cdc clips/etc.

   b. Derek McGinty (moderator)

   [Teleprompter] "Good afternoon.

   Welcome to "Service Learning: A Community Strategy for HIV Prevention," sponsored by the American Association of Community Colleges.

   In the next hour you will learn an expanded definition of health and hear the latest statistics on the AIDS epidemic. You'll also find out what two community colleges have been doing to stop the spread of HIV, hear all about service learning, and AACC's new *Bridges to Healthy Communities* project. At the end of this program you'll also hear more about the *Bridges* grants.

   Now, let's hear from David Pierce, the president of the American Association of Community Colleges."

   c. VIDEO OF DAVE

   d. Derek

   [Teleprompter] "HIV and AIDS have had a profound effect on our society. Since the appearance of AIDS in the early 1980s, more than 500,000 cases have occurred in the United States alone.

   The statistics are startling:

   *HIV is the leading cause of death for all Americans aged 25-44. GRAPHIC

   *The rate of HIV-related deaths is increasingly most rapidly among women, African Americans, and Hispanics. GRAPHIC

   *One-quarter of all new HIV infections in the United States are estimated to occur in young people between the ages of 13 and 20. That means two Americans under the age of twenty become infected with HIV every hour of every day. GRAPHIC

Now what does this have to do with community colleges and how can community colleges can help slow the spread of HIV infection?

*Community colleges enroll 10.6 million students. GRAPHIC

*42% of African American and 56% of Hispanic students in higher education are in community colleges. GRAPHIC

*58% of community college students are women GRAPHIC

*Over 90% of the U.S. population is less than an hour's drive from a community college campus. GRAPHIC

What does all of this mean? It means that community colleges enroll a great number of African Americans, Hispanics and women, the very populations that are experiencing a dramatic rise in the percentage of HIV/AIDS cases. Community colleges are in prime leadership positions in their communities and, as such, are the likely conveners for community-wide efforts to halt the spread of the infection. Experts say that effective intervention efforts will come from *partnerships* of young people, schools, parents, and communities. What role are you and your community college willing and able to play to stop the spread of HIV infection?

Today's teleconference will examine the following issues: health, HIV/AIDS, and service learning. The second half of this show will be spent in a dialogue with our panelists, our studio audience and you. If you would like to join this conversation, call in your questions at 1-800-777-2224. You may fax your questions to 1-703-323-3518.

Our panelists today are:

Charles Deutsch, Director of the Harvard School Health Project, Harvard School for Public Health
Sourri Baetjer, Director of Health Services, Raritan Valley Community College, North Branch, NJ
Clarke Taylor, Coordinator od AIDS Educatin Office, San Francisco Community College District, Community College of San Francisco
Carol Mulling, Assistant Professor of Psychology, Prestonsburg Community College, Prestonsburg, KY

Charles, we'll start with you. What is the 'big idea' here?

3. Health with a Capital "H"

speaker - Charles Deutsch

I. Health is more than the absence of illness
A. WHO definition
B. Gains in health status have more to do with advances in prevention than treatment, what people do for themselves rather than what doctors and technology do to them.
C. The widening health gap between the have's and have not's is due less to differential

access to medical treatment, than to differences in the practices promoted or discouraged by their environments.

D. Health is something we construct.

II. The questions this teleconference addresses:

A. How do we influence the conditions and behaviors that make people less likely to become ill or injured in the first place, more likely to seek timely help when they need it, and more able to recover once they do?

B. Specifically for students at community colleges, and for the communities to which they belong, what does it mean to be involved in the process of constructing good health?

III. CDC/Kolbe citation: A handful of behaviors cause the major health problems that face the nation.

According to the Centers for Disease Control and Prevention, among Americans under 24 years of age, four cases account for almost 70% of deaths: motor vehicle crashes, other unintentional injuries, homicide and suicide. These causes are preventable and related to a few behaviors, especially alcohol and drug abuse, failing to use seat belts and motorcycle helmets, and having firearms and other weapons. Among all age groups combined, three causes - heart disease, cancer, and stroke - account for nearly 70% of all mortality and a large amount of morbidity and expense. These conditions are also preventable and are substantially due to a few behaviors, especially tobacco use, excessive consumption of dietary fat and calories, and insufficient physical activity. Through unsafe sexual practices, each year about three million young people are afflicted with sexually transmitted diseases, and an undetermined number are infected with the HIV virus. Thus, a handful of behaviors cause the major health problems that face the nation. These behaviors usually are established during youth, are interrelated, persist into adulthood, contribute simultaneously to poor health, education, and social outcomes, and are preventable.

IV. Health is largely behavioral, with important emotional, mental, moral and spiritual dimensions.

A. It is profoundly social rather than individual, and depends on cultures and enviornments far more than on "lifestyle choices."

B. People are not equally free to make healthy choices, and for many people healthy choices are not as available or attractive as unhealthy ones.

C. Health has much in common with learning. Who is primarily responsible for making learning happen, the teacher or the learner? For the most part, we accept responsiblity for creating conditions that maximize learning opportunities for the particular students we serve. We have to understand health in a similar way, creating a culture that increases the likelihood of healthy behavior.

D. Examples on campus and in community: Smoking, drinking, depression, safe sex.

E. Medical model is primarily individual, reactive, and passive. Public health is a proactive and participatory process engaging both individual and collective intent and action.

V. Community colleges should care about health for several reasons.
A. People don't learn well if they're not healthy.
B. Health is one of the most important things to learn about, not just for ourselves, but for partners, children, family members and neighbors.
C. Health is collective, and college is often the last chance to help people become effective agents of health.
D. Health is an interesting theme through which to learn and practice skills useful in all sorts of careers.

VI. Conclusion: If your college is about learning, then it's also about health.
A. What is it doing to create an environment that encourages healthy practices among its own students? Contrasting examples
B. What opportunities for health learning are available and encourage at your school? Contrasting examples
C. Does your college hold itself accountable for accomplishing measurable objectives that will improve the health of its community? Contrasting examples.
D. We teach young people that they are responsible for their actions, and equally, for their inaction. The same is true for the institutions that teach them.

speaker - Derek

"Thank you Charles. But how about a picture of the HIV/AIDS epidemic itself?"

4. HIV/AIDS update

{teleprompter} - speaker - Charles Deutsch

"We've already stated that there are over 500,000 identified cases of AIDS in the U.S. today. Over 300,000 of those people have died.

As far as the "world" picture goes, the World Health Organization has proclaimed AIDS the world's fastest-spreading epidemic. By the year 2000, the cumulative total of HIV infections in men, women and children around the world will be 30-40 million.

At the beginning of 1995, 1.5 million children had been infected with HIV. In the next five years, more than 5 million children will be infected with HIV. 3,000 women are infected with HIV each day; 500 women die from AIDS each day. Worldwide, women are the fastest-growing group of new HIV infections.

Getting back to the United States, we find 1 in 250 Americans is infected with HIV. In regards to men, 1 in 92 American males 25-39 are HIV-infected: 1 in 33 African-American men ages 27-39 are infected.

In a May, 1995 poll, 54% of American children surveyed said they think they might get AIDS.

"Let's reflect upon college students for a moment. The majority of HIV-positive college students are unaware they are infected. Rates of sexually-transmitted diseases are highest among 15-29 year olds. One study reported that 75% of college students have engaged in unprotected sexual activity with multiple partners.

This could be depressing news. UNLESS one combines it with the knowledge all individuals CAN protect themselves from HIV infection. That's why the theme of 1995 World AIDS Day was "shared rights, shared responsibilities."

6. HIV/AIDS prevention in community colleges

speaker - Derek

"Now that we have updated AIDS information , let's shift to community colleges. What have community colleges been doing to stop the spread of HIV? On this program we can't speak for all community colleges, but we have representives from Raritan Valley Community College in North Branch, New Jersey and City College of San Francisco.

Sourri Baetjer is the Director of Health Services at Raritan Valley. Sourri, what has Raritan Valley done to stop the spread of HIV?"

Sourri Baetjer's summary:

"In 1988 we started an AIDS Task Force which included members of the administration, faculty, and staff as well as students. Shortly thereafter, we developed Raritan Valley Community College's mission and guidelines regarding HIV/AIDS.

In 1988, we started HIV/AIDS education in all English classes including Basic Composition, ESL and Freshman Seminar every semester and have continued it since without any interruption. At present we attend all 73 English I and Freshman Seminar classes. We also send letters to all other faculty members inviting them to bring HIV/AIDS education into their classroom.

Throughout the year we hold many events on and off campus regarding HIV/AIDS. Some of these include hosting World AIDS Day, AIDS Awareness Day and Drug and Alcohol Awareness Day activities, as well as sponsoring health fairs.

In September 1994, we initiated the Peer Education Program. Peer educators are trained in HIV/AIDS as well as other related issues such as drugs and alcohol, date rape, etc. They bring information to their peers in and out of the classroom. We initially had 12 students: we now have 42 student peer educators.

Peer educators also participate in many other events and activities regarding HIV/AIDS on campus as well as in the community. They have volunteered for many community organizations such as AIDS Network, Hyacinth Foundation, and the New Jersey Women and AIDS Network. This year we have initiated a speaker's bureau for the community. Some peer educators and faculty were certified in instructor candidate training for HIV/AIDS by the American Red Cross.

Our Health Center offers a free complete physical including pap smear, prostate exam, pregnancy test, as well as STD testing on a monthly basis. HIV antibody testing is free, confidential and offered on a biweekly basis. Evidence of our success in HIV education is that after the presentations, the numbers coming in for testing substantially increase.

Starting the spring of 1996, a course, "Plagues, AIDS and the Cultural Response" was designed and offered by one of our English faculty."

speaker - Derek

"That sounds like a lot. Clark, what has the City College of San Francisco been doing?

speaker - Clark

"I am the HIV/AIDS Resource Instructor for the City College of San Francisco and Coordinator of the community college district AIDS Education Office. I would like to share part of our historical development in prevention education, the theoretical and educational approach to our work and the scope and structure of our current programs.

First, because we are in an epicenter the AIDS pandemic we have already faced many of the problems which are now just beginning to challenge other community colleges and I feel hearing about our experience will be helpful to such institutions. Second, as our approach goes beyond providing information and into helping students actually change risky behavior, I think our experience will be helpful to those experimenting with strategies more effective than simple didatics. And third, since our program has grown from sporadic events on our main campus into a program which combines academic courses with service learning and reaches nine campuses with over 80,000 students, I hope I will create the basis for a meaningful dialog with those colleges which have well developed HIV programs while also providing some guidance and direction to those moving in this direction.

In the mid 1980's, most AIDS prevention education in San Francisco was conducted by "grassroots" organizations of "high risk" groups or public agencies targeting sexually active adults. A few concerned students and faculty began to organize events such as talks by people who were HIV+, information tables, memorial observances and occasional prevention workshops. These activities were woefully inadequate for the needs of our students, but they served an extremely important function: they raised the consciousness of students and administrators for an organized approach to prevention on campus and moved the college to create an District AIDS Resource office with a paid AIDS Resource Instructor. In 1991, the district received a two year FIPSE grant

-- a Federal Innovative Post Secondary Education grant to create an AIDS program which would not only teach students to be HIV peer educators but also encourage volunteerism. It was the first such grant in the country.

The first semester, we carefully selected 20 students representative of our extremely diverse ethnic, racial, sexual college to be trained. Further, we furnished them with 15 hours a week of lab aide money as an incentive to do their best. We used a Knowledge, Attitudes, Beliefs (KAB) based

curriculum using primarily lecture and reading. That semester was, in many ways, an abysmal failure. Almost half of the student dropped out. Many couldn't deal with the emotions brought up by sex, disease, dying and having to change cherished behavior. At the end of that semester, they had very little comfort level around talking about HIV or prevention with other students and their anonymous self reports indicated that their own personal risk taking patterns had not changed appreciably. Indeed, almost none were using condoms and one student both became pregnant and infected with gonorrhea.

The second semester, we continued to use a KAB based curriculum, but introduced extensive training in human sexuality. The students attended entry level workshops at The Institute for Advanced Study of Human Sexuality. We also introduced bi-weekly counseling sessions to provide emotional support. Finally, we introduced the students to actual prevention work by having them volunteer their services at the AIDS organization of their choice. That is, we involved the students in service learning in a supportive environment. That second semester, student retention was much higher, condom use and other measures of risk reduction increased significantly. We found an still find our colleagues, departments, administrators and outside agencies most generous and committed in their help. I know this is not the experience of all college HIV programs, but on a campus where it is impossible to not know students with HIV/AIDS personally, people's humanity usually rises to the occasion.

However, over the next two year (1993-94, 94-95), our students were so much more knowledgeable about HIV and other STD's, so comfortable with the language of risk reduction and the sexuality of others that most were able to obtain employment after six months to a year at an agency. Furthermore, agencies began to encourage their employees to enter our program. In the spring 1995, we had grown in students and skills to the point where we were able to begin giving programs at other campuses in our district. We also had built our institutional ties to a point where the district made a substantially increased commitment to our program.

As institutional support has grown, we have had the time and resources to create what we feel (perhaps immodestly) is the beginning of a model program. We have a two track system: students may join Project SAFE as volunteers wishing to help with HIV prevention education or they may join the project with the intention for entering the HIV/STD field as paraprofessionals -- community health outreach workers, HIV test counselors, phlebotomist and so forth.

Our curriculum consists of three courses:

Health Science 67 Introduction to HIV Peer Education
Health Science 68 Intermediate HIV Peer Education
Health Science 69 Advanced HIV Practicum.

In Health Science 67, students learn the basics about sexual physiology and functioning, HIV and other STD's, risk reduction techniques and the mechanics of making public presentations. For

service learning, they volunteer 15 hours at a local HIV/AIDS agency and participate to the extent that their training permits in college district peer education activities. Our peers are in considerable demand by agencies and each semester we have about 20 agencies com to campus, explain their work and the opportunities they have for volunteers. For their final, the students create and conduct a Safe Sex Fair for the main campus.

In Health Science 68, students receive more advanced information about HIV/STDs, get much more training in human sexuality and sex education techniques as well as in-class practice creating and giving various types of presentation or events. For service learning, career track students take special training from public and private agencies in areas such as HIV Antibody Test Counseling, community HIV prevention education outreach and direct services for people with AIDS. They spend the semester practicing these skills under the supervision of various agencies. They also participate much more fully in peer activities. For their final, they create a "Safe Sex Playshop" and help the students in Health Science 67 produce the Safe Sex Fair.

In Health Science 69 (repeatable 3 times) students design and carry out the peer driven activities on different campuses and mentor the students below them. Each student designs and carries out an HIV education term project...something special that they want to do. By the time students get to this level of training, they usually are working for an outside agency. This has been key to getting agencies involved in our program; of committing time, professional services and financial resources to our activities.

For since we can not provide all the services we need, we have teamed up with local, county, and state agencies as well as community based organizations (CBO's) to create multicultural safe sex fairs, sexual health fairs, health fairs with sexual health components (show posters) and provide HIV testing. We also provide safe sex presentations to classes, have frequent information tables on campus, produce theatrical "Safe Sex Playshops" and each semester hold a student driven Bay Area Peer Educators Meeting to network and exchange ideas.

I would like to close by sharing that the most important thing I have learned in this year of phenomenal growth is that the heart and soul of our work, the source of our strength is student empowerment through service learning. I and my staff along with the teachers and helpful administrators could never have accomplished that we are doing this year by ourselves. No amount of homework assignments, lab aide money, cajoling, pleading or even begging could have gotten students to become as involved and motivated as they have become through this approach.

By service learning, I mean academic training in the context of direct use of acquired skills in the service of others. We have given the students the training and opportunities to be trained by others and provided them an arena to practice their skills on our campuses and at outside agencies. However, we also have given them something additional which is equally important and powerful. We have let them decide what they want to do--let them design programs,--let them raise the money, make the posters, etc. Through student initiative and effort, we connect risk reduction with pleasure and fun.

7. Service learning - an effective teaching tool

speaker - Derek

"Now that we've gotten some idea of what is happening with HIV prevention in community colleges, let's backtrack a little and watch some clips of students, faculty and administrators discussing service learning. These come to us from Chandler-Gilbert Community College in Chandler, Arizona."

Service learning video clips

"We can see from these clips that service learning has affected these people. Why has it 'caught on' in higher education ? Here to talk to us today about service learning is Carol Mulling, Associate Professor of Psychology and Service Learning Director from Prestonsburg Community College in Prestonsburg, KY."

Speaker - Carol [GRAPHIC]

"Service Learning is an exciting instructional methodology that integrates community service with academic instruction as it focuses on critical, reflective thinking and civic responsbility. Service learning opportunities involve students in organized community service that addresses local needs, while developing the student's academic skills, sense of civic responsibility, and commitment to community. Service learning promotes the development of personal responsibility in the lives of the students as well as in the lives of the students touch in their community service actions.

Service Learning is about an effective teaching methodology. Research supports that students learn best by doing! When students engage in service activities AND when instructors provide for opportunities for students to critically reflect on those experiences students LEARN. It is most important that faculty help students draw connections to academic learning, otherwise their community service is little more than volunteerism--not an instructional methodology.

When Service Learning connects learning with service, then students not only enhance their academic learning but begin to develop a sense of civic responsibility and commitment to their communities. Students become aware of the needs of the community that are not part of their everyday experiences nor regular academic coursework. Because of guided critical reflection opportunities, this awareness develops into a commitment to civic responsiblity, especially as students recognize that much work in society cannot be accomplished without the services of citizens in everyday life.

But just as important as the development of this civic responsibility, service learning students develop a sense of personal responsibility for their actions and recognize the importance of helping others develop personal responsibility. For this reason Service Learning becomes an outstanding instructional tool for delivering HIV prevention education in the community college.

At Prestsonsburg Community College we are excited to have the opportunity to have a minigrant for this project on HIV, alcohol, and drug prevention. Service Learning students will be teaching their peers at the college as well as delivering prevention education in the area public schools.

Students are excited about this opportunity. Students believe that service learning makes their education more meaningful and more connected to the real world, with real world issues. Students take on initiative in learning and transmit their excitement to their peers and people they serve. One student said "This is something that will stick with me and I hope I'll be a better citizen for it."

When community members are touched by the service of college students, their lives also change. In our experience, high school students see the college students as role models, yet not so far removed that they do listen to them whereas they fail to listen when some "expert" educators deliver prevention materials. It is more real when the students hear from peers and they begin to believe that they must be personally responsible for their own actions.

In summary: Service Learning

- is a proven instructional methodology founded on "learning by doing"
- is effective, because it combines critical reflection with academic subject matter
- promotes civic responsibility and personal commitment in learners
- addressess challenges in the local communities
- promotes personal responsiblity in learner and those served.

8. Question and Answer Time

Derek

"I'd like to thank Charles, Sourri, Clark, and Carol. Now it's time for you, the members of our audience, and members of our studio audience to join in our discussion. If you would like to call in a question or comment, call 1-800-777-2224. If you would like to fax a question or comment, send them to 1-703-323-3518.

"Carol, the first question goes to you. You've talked about how service learning is so effective in your community. Is it also effective in big cities or does it work better in rural areas like your own?"

9. *Bridges* project announcement

[teleprompter] - Derek

"We've heard about why community colleges should be concerned with health and some alarming statistics about the HIV epidemic. We've also heard that service learning activities can be an effective way for students to learn, and a tool in HIV prevention.

"Now, for those of you waiting to hear about the grant opportunities, here it comes!

"The American Association of Community Colleges has entered a five-year cooperative agreement with the Centers for Disease Control and Prevention. They have named their project *Bridges to*

Healthy Communities, an appropriate name after what we have learned so far in this program about HIV/AIDS and health. The goal is to develop a national community college infrastructure that will ensure the continued offering of education and information programs to prevent HIV infection and other serious health problems.

"In May, Requests for Proposals (RFPs) will be mailed to the chief executive officers of all community colleges nation-wide. These RFPs will describe how your college can be a part of a nation-wide effort to halt the spread of AIDS. Colleges will be awarded grants to implement HIV-prevention activities on their campuses. Those colleges awarded grants will then work with other *Bridges* colleges accepted in subsequent years. This presents an exciting opportunity for community colleges.

"The deadline for grant proposals for the *Bridges to Healthy Communities* project will be July 25. Colleges awarded the grants will be notified at the start of September. Training for project directors and associated personnel from the colleges will take place in Washington, DC, October 10-12. If you would like to personally receive a Request for Proposals contact: Nan Ottenritter at AACC

GRAPHIC

"In addition to this, the American Association of Community Colleges is surveying all community colleges, nation-wide, about their HIV prevention activities. Look for results of this survey in up-coming publications and reports.

"We're out of time. I'd like to thank all of our guests on the panel today, our studio audience, and you for watching."

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